	CANDIDA'	FORM C/OH COVER SHEET PG 1						
The C/OH Instruction Guide explains how to complete this form. 1 ACCOUNT# (Ethics Commission filers) 2 Total pages filed: 3								
3	CANDIDATE / OFFICEHOLDER NAME	WS/MRS/MR FIRST MI	OFFICE USE ONLY					
		Mr. Allan J.	Date Received					
		Juranek						
4	CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / POBOX: APT / SUITE *: CITY. STATE: ZIP CODE 3517 North Hills *BBIOI Austin TX 78731	Date Harry delivered of Part Part and A					
	ADDRESS Change of Address		Date Hand-defivered of Date Postmarked					
5	CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	Receipt # Amount					
6	CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI Mr. Allan J. NICKNAME LAST SUFFIX	Date Imaged					
		Juranek	·					
7	CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE). APT/SUITE #; CITY; STATE; 3517 North Hills **BB101 Austin To	ZIP CODE X 78731					
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 228-1618						
9	REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)					
		July 15 8th day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)					
10	PERIOD COVERED	Month Day Year Month Day O 7 / 16 / 2004 THROUGH 12 / 31	/2004					
11	ELECTION	Month Day Year ELECTION TYPE 11 / 02 / 2004 Primary Runoff	【 General Special					
12	OFFICE	OFFICE HELD (If any) 13 OFFICE SOUGHT (If kno Travis Cou	nty Sheriff					
14	NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expenditures made by others without the call Candidates are required to disclose this information only if they receive notification of the discount of the disc	andidate's prior consent or approval.					
	BY OTHER INDIVIDUALS	Name						
		Address / PO Box; Apt. / Suite #; City; State; Zip Code						
	addational pages							
	GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	COVER SHEET PG 2							
15 C/OH NAME	Allan J.	Juranek	16ACCOUNT#(Etrics Commission filers)					
17 NOTICE FROM POLITICAL COMMITTEE(S)	This pox is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.							
00:00	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL SPECIFIC	COMMITTEE ADDRESS						
additional pages		COMM-TTEE CAMPA:GN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRESS	· · · · · · · · · · · · · · · · · · ·					
18 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	\$ 0.00						
	2. TOTAL (OTHER	\$ 0.00						
EXPENDITURE TOTALS	3. TOTAL F	\$ 0.00						
	4. TOTAL	POLITICAL EXPENDITURES	\$0.00					
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	s 0.00					
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	s O. 00					
19 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.								
BRENDA HERNANDEZ Notery Priblic, State of Texas My Commission Expires DECEMBER 9, 2006 Signature of Candidate or Officeholder AEFIX:NOTAR & STAMP, ASEAL ABOVE								
Swgrn to and subscribed before me, by the said <u>Allan Juranek</u> , this the <u>184</u> day of Allan, 30 5, to certify which, witness my hand and seal of office.								
Signature of Officer administering oath Printed name of Officer administering oath Title of Officer administering oath								

Tex	as Ethics	Commission	P.O. Box 12070	Austin, Texas 78711	-2070	(512)463-5800	1-800-325-850		
				HOLDER RI AL REPORT		FORM C/C	H-FR		
				to complete this fo page 1 is marked					
1	C/OH N	Alla	n J. Ju	ranek		2 ACCOUNT#(Es	rics Commission fiers)		
3	SIGNA	ATURE				•	<u> </u>		
	а гер	ort as a final repo	rt terminates my car	mpaign treasurer appoin	s in connection with my cand tment. I also understand th treasurer appointment on file.	at I may not accept			
					Signature	of Carldidate / Office	eholder		
4		FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder							
	Α.	CAMPAIGN FI	JNDS						
	Checi	Check only one:							
	$ \checkmark $								
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.							
	В.	ASSETS							
	Checl	k only one:							
		I do not retain assets purchased with political contributions or interest or other income from political contributions.							
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code. § 254.204.							
					_Allan Sign	nature of Candidate	<u>R</u>		
5		EHOLDER plete this section	n only if you are an	officeholder					
		am also aware th	at I will be required to	file reports of unexpended	o an officeholder who does not d contributions if, at the time I e from political contributions.				

Signature of Officeholder